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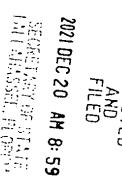
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W21000104735

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COVER LETTER

TO:	New Filing So Division of C				
SHRI	ECT. SARAH I	CONSULTING LLC			
3000			ulting Florida Lir	nited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to) :	
SARA	H K JACKSON				
		(Contact Person)			
SARA	H K CONSULTI	NG LLC			
		(Firm/Company)	- · ·		
1490 \$	SAN ROY DRIVE				
		(Address)			
DUNE	DIN FL 34698	, ,			
	((City, State and Zip Code)			
s.k.jac	kson@icloud.co	m			
E-n	nail Address: (to b	e used for future annual re	port notifications))	
For fu	rther information	on concerning this ma	tter, please call	l:	
SARA	H JACKSON		at (469)4429	394
	(Name of Conta	ct Person)		ic) (Day	time Telephone Number)
		or the following amou a bank located in the	•	s process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees ir Conversion for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified C	. •	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
• ,	Máiling Addi New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SARAH K CONSULTING LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/28/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SARAH K CONSULTING LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable statutes.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this day ofDECEMBER_	20_2_
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative: Sacran Printed Name: Sacran F JA-45000	Title: OWNER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature	
Signature: SAO-ALK-LASE-SCIN	Title: <u>COMNER</u>
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SARAH K CONSULT	ING LLC			
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Co	mpany," "L.L.C.," or "LLC.")	
Of rame manailable enter element	Terms adopted for the suspense of terms attack to the interest in the	3	nate name must include "Limited Liability Company," "L.L.C.	
	name subject for the purpose of a subsecting outsiness in a			or late.
TEXAS 2		3.	3-3437658	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)	
MAY 3, 2021 4.				
··	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liabi	lity)	
1490 San Roy Drive			ME	
5. (Street Address of Principal Office)		6	(Mailing Address)	
DUNEDIN FL 34698				
				_
		_		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	NOT acce	eptable)	
Name:	SARAH JACKSON	 _		
Office Address:	1490 San Roy Drive			
	DUNEDIN		35698 , Florida	•
	(City)		(Zin code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
□Member	1490 San Roy Dr Address:	□Member	Address: _	
□Authorized	DUNEDIN FL 34698	☐ Authorized		
Person		Person		
■Other AMB	Other	□Other		□ Other
□Manager	Name:	□ Manager	Name:	
□Member	Address:	□Member	Address: _	**
□Authorized		□Authorized		
Person		Person		
Other	Other	□ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
☐ Authorized	<u> </u>	☐ Authorized		
Person		Person		
Other	Other	□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

SARAH K JACKSON